PETITION OF APPEAL FROM DECISION OF MIAMI-DADE COUNTY COMMUNITY ZONING APPEALS BOARD TO THE BOARD OF COUNTY COMMISSIONERS

CHECKED BY AMOUNT OF FEE	DECEIVED	
RECEIPT#	ZO3~19 D FEB 17 2004	
DATE HEARD:/	ZONING HEARINGS SECTION MIAMI-DADE PLANNING AND ZONING DEPT.	
BY CZAB #	BY BC	
	DATE RECEIVED STAMP	
**************************	*****	
This Appeal Form must be completed in accordance with the "Instrand in accordance with Chapter 33 of the Code of Miami-Dade Cour be made to the Department on or before the Deadline Date prescribe	nty, Florida, and return must ed for the Appeal.	
RE: Hearing No. 203-190 (03-9-C28-5		
Filed in the name of (Applicant) DEVON RAMCH	ARAN	
Name of Appellant, if other than applicant SAME		
Address/Location of APPELLANT'S property: 9600 N.W. 7	4 AVENUE	
MIAM. FLORISI		
Application, or part of Application being Appealed (Explanation): $\mathcal{A}\mathcal{C}$	PLICATION IN ITS ENTIRE	
Appellant (name): DEVON RAMCHARAN hereby appeals the decision of the Miami-Dade County Community reference to the above subject matter, and in accordance with the Chapter 33 of the Code of Miami-Dade County, Florida, hereby make of County Commissioners for review of said decision. The grounds reversal of the ruling of the Community Zoning Appeals Board are as (State in brief and concise language)	he provisions contained in kes application to the Board and reasons supporting the follows:	
Requested district boundary change with	professed covenant	
is consistent and composible with other of	sprovals and uses	
n the area. Non-use ranance for lot area can be approved Page 1 under Section 33-311(A)(4)(5).		
Page 1 under Section 33-311(A)(4)(5).		

APPELLANT'S AFFIDAVIT OF STANDING

(must be signed by each Appellant)

STATE OF <u>FLORINA</u>	
COUNTY OF MIAMIN DADE	
Before me the undersigned authority, personally appe (Appellant) who was sworn and says that the Appellar of a Community Zoning Appeals Board decision.	
The Appellant further states that they have standing to Zoning Appeals Board matter because of the following	
(Check all that apply)	
1. Participation at the hearing 2. Original Applicant 3. Written objections, waivers or consent	
Appellant further states they understand the meaning and that under penalties of perjury, Affiant declares the	
Further Appellant says not.	
Witnesses: (C)	AC
Signature	pellant's signature
Tude truneta Print Name Pri	PEVON RAMEHARAN
Signature	
Print Name	
Sworn to and subscribed before me on the day o	f February , year 2004
Appellant is personally know to me or has produced identification.	FL drivery (TC) & as
	Notary (Stamp/Seal)
Bonded Thru Notary Public Underwriters MY COMMISSION # DD 123167	Commission Expires:
Page 3	[b:forms/affidapl.sam(11/03)]

IVETTE FROMETA
MY COMMISSION # DD 123167
EXPIRES: June 9, 2006
Bonded Thru Notary Public Underwriters

APPELLANT MUST SIGN THIS PAGE		
Date: 17 day of FEBRUARY	, year: 2909	
Signed	DEVON RAMCHARAN Print Name	
	9561 SOUTHAMPTON DRIVE MIRAMAR FE 3305 Mailing Address	
	Phone Fax	
REPRESENTATIVE'S AFFIDAVIT If you are filing as representative of an association or other entity, so indicate:	Representing Representing Robert W. Wolland Signature ROBERT W. HOLLAND Print Name 5955 N.E 4th Count Address	
Subscribed and Sworn to before me on the	Notary Public	
IVETTE FROMETA MY COMMISSION # DD 123167 EXPIRES: June 9, 2006 Bonded Thru Notary Public Underwriters	(stamp/seal) Commission expires:	

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